

**APPLICATION DATA SHEET****Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title :: METHOD AND KIT FOR CELL ANALYTE  
ASSAY  
Attorney Docket Number:: 740073.464  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: No  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency::  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Sweden  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name::  
Family Name:: Karlsson  
Name Suffix::  
City of Residence:: Uppsala  
State or Province of Residence::  
Country of Residence:: Sweden  
Street of mailing address:: Frejs väg 21A  
City of mailing address:: Uppsala  
State or Province of mailing address::  
Country of mailing address:: Sweden  
Postal or Zip Code of mailing address:: SE-754 40

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Pascale  
Middle Name::  
Family Name:: Richalet-Secordel  
Name Suffix::  
City of Residence:: Weston  
State or Province of Residence:: VT  
Country of Residence:: US  
Street of mailing address:: 275 Lawrence Hill Road

City of mailing address:: Weston  
State or Province of mailing address:: VT  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 05161

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

Representative Customer Number::		<b>00500</b>
----------------------------------	--	--------------

**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/460,539	04/04/03

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Sweden	0301058-4	04/10/03	Yes

**Assignee Information**

Assignee name::	Biacore AB
Street of mailing address::	Rapsgatan 7
City of mailing address::	Uppsala
State or Province of mailing address::	
Country of mailing address::	Sweden
Postal or Zip Code of mailing address::	S-754 50